FEC FORM 2

STATEMENT OF CANDIDACY

1.								
	(a) Name of Candidate (in full)							
	McGrath, Amy, , ,							
	(b) Address (number and street) PO Box 95	□С	heck if addres	s changed		2. Candidate's FEC Id S0KY00339	dentification N	umber
	(c) City, State, and ZIP Code					3. Is This	New	Amended
	Lexington		KY	4058	8	Statement	(N) OR	x (A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate		
	DEMOCRATIC PARTY	Senate			KY	00		
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	COMMITTEE		
7.	I hereby designate the following nar	ned political co	mmittee as m	y Principal (Campaign Comm	nittee for the 2020 (year of el	election)	n(s).
	NOTE: This designation should be f	iled with the ap	propriate offic	e listed in tl	ne instructions.			
	(a) Name of Committee (in full) AMY MCGRATH FC	OR SENA	TE, INC.					
	(b) Address (number and street) PO BOX 875							
	(c) City, State, and ZIP Code							
	GEORGETOWN				KY	40324		
	DE	SIGNATIO	N OF OTH	IFR AII	THORIZED (COMMITTEES		
	52				g Representative			
8.	I hereby authorize the following name candidacy.	ned committee,	which is NOT	my princip	al campaign com	nmittee, to receive and e	expend funds	on behalf of my
	NOTE: This designation should be f	iled with the pri	ncipal campai	gn committe	ee.			
	(a) Name of Committee (in full) AMY MCGRATH FO	OR CONG	RESS					
	, ,	OR CONG	GRESS					
	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875	OR CONG	RESS					
	AMY MCGRATH FC (b) Address (number and street) P.O. BOX 875 (c) City, State, and ZIP Code	OR CONG	RESS		KY	40324		
	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875	OR CONG	RESS		KY	40324		
	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875 (c) City, State, and ZIP Code GEORGETOWN I certify that I have example of the control of the			the best of		40324 nd belief it is true, corre	ect and comple	ote.
	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875 (c) City, State, and ZIP Code GEORGETOWN			the best of			ect and comple	ete.
Sig	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875 (c) City, State, and ZIP Code GEORGETOWN I certify that I have example of the control of the					nd belief it is true, corre	ect and comple	ete.
Sig Mo	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875 (c) City, State, and ZIP Code GEORGETOWN I certify that I have example of Candidate	mined this Stat	rement and to	[Elect	my knowledge al	Date 04/29/2020		
Sig Mo	AMY MCGRATH FO (b) Address (number and street) P.O. BOX 875 (c) City, State, and ZIP Code GEORGETOWN I certify that I have exa gnature of Candidate (cGrath, Amy, , ,	mined this Stat	rement and to	[Elect	my knowledge al	Date 04/29/2020		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	3	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

(a) Name of Committee (in full) MAJORITY 2020 (b) Address (number and street) 910 17TH ST NW STE 925 (c) City, State, and ZIP Code WASHINGTON DC 20006			
(b) Address (number and street) 910 17TH ST NW STE 925 (c) City, State, and ZIP Code			
910 17TH ST NW STE 925 (c) City, State, and ZIP Code			
WASHINGTON DC 20006			
B. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE: This designation should be filed with the principal campaign committee.			
(a) Name of Committee (in full) MCGRATH OFF THE SIDELINES 2020			
(b) Address (number and street) 124 WASHINGTON STREET SUITE 101			
(c) City, State, and ZIP Code			
FOXBORO MA 02035			
	pend funds on behalf of my		
B. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and exp candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND			
candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)			
candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND (b) Address (number and street)			
candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND (b) Address (number and street) 918 PENNSYLVANIA AVE SE			
candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND (b) Address (number and street) 918 PENNSYLVANIA AVE SE (c) City, State, and ZIP Code WASHINGTON DC 20003 3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expandidacy. NOTE: This designation should be filed with the principal campaign committee.	pend funds on behalf of my		
candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND (b) Address (number and street) 918 PENNSYLVANIA AVE SE (c) City, State, and ZIP Code WASHINGTON DC 20003	pend funds on behalf of my		
candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND (b) Address (number and street) 918 PENNSYLVANIA AVE SE (c) City, State, and ZIP Code WASHINGTON DC 20003 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectance candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	pend funds on behalf of my		
candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) SHAHEEN MCGRATH VICTORY FUND (b) Address (number and street) 918 PENNSYLVANIA AVE SE (c) City, State, and ZIP Code WASHINGTON DC 20003 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) BLUE SENATE CANDIDATE FUND (b) Address (number and street)	pend funds on behalf of my		

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	³ of	3
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Repres	sentativ	es)				
B. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of n							
	candidacy. NOTE: This designation should be filed with the principal campaign comm	-	,				
	(a) Name of Committee (in full)						
	DURBIN MCGRATH VICTORY FUND						
	(b) Address (number and street)						
	918 PENNSYLVANIA AVE SE						
	(a) City State and TID Code						
	(c) City, State, and ZIP Code WASHINGTON DC		20003				
	Wildington		20000				
3.	B. I hereby authorize the following named committee, which is NOT my principal campa	ign con	nmittee, to receive and expend funds on behalf of my				
	candidacy. NOTE: This designation should be filed with the principal campaign comm	nittee.					
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(2) / 144:000 (14:130. 41:4 01:00)						
	(c) City, State, and ZIP Code						
3.	B. I hereby authorize the following named committee, which is NOT my principal campa	ian con	nmittee, to receive and expend funds on behalf of my				
	candidacy. NOTE: This designation should be filed with the principal campaign comm	-	,				
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
3.	3. I hereby authorize the following named committee, which is NOT my principal campa	ign con	nmittee, to receive and expend funds on behalf of my				
	candidacy. NOTE: This designation should be filed with the principal campaign comm	nittee.					
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
	(0, 0), 0						